

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760542

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** LAKE SHORE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

504 NW FIFTH AVENUE  
OKEECHOBEE, FL 349722570

**New Principal Place of Business:**

504 NW FIFTH AVENUE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

504 NW FIFTH AVENUE  
OKEECHOBEE, FL 349722570

**New Mailing Address:**

504 NW FIFTH AVENUE  
OKEECHOBEE, FL 34972

FEI Number: 59-2445177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEMMER, DAVID DR.  
113 NORTHEAST 19TH DRIVE  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

WEMMER, DAVID R PRES  
113 NORTHEAST 19TH DRIVE  
OKEECHOBEE, FL 34972 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID R. WEMMER

01/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEMMER, DAVID,  
Address: 113 NE 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL  
  
Title: STD ( ) Delete  
Name: LEE, ROBERT  
Address: PO BOX 1307  
City-St-Zip: OKEECHOBEE, FL 349731307

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WEMMER, DAVID R PRES  
Address: 113 NE 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL  
  
Title: STD (X) Change ( ) Addition  
Name: LEE, ROBERT SEC/TR  
Address: PO BOX 1307  
City-St-Zip: OKEECHOBEE, FL 34973

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. WEMMER

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date